

Health Plans At-A-Glance

The following chart provides an overview of your health plan options through the County of Orange. *This comparison is intended to give a general description and overview of available plans. See individual plan material for detailed information.*

BENEFIT	Preferred Provider Organization (PPO) Plans*				Health Maintenance Organizations (HMOs)**	
	Premier Wellwise		Premier Sharewell		CIGNA Private Practice	Kaiser
	You or Your Dependent(s) Pay:		You or Your Dependent(s) Pay:		You or Your Dependent(s) Pay:	You or Your Dependent(s) Pay:
	PPO Provider	Non-PPO Provider	PPO Provider	Non-PPO Provider	HMO Provider	HMO Provider
Maximum Lifetime Coverage	\$1,000,000		\$1,000,000		No Dollar Limit	No Dollar Limit
Calendar Year Deductible	\$300 Per Individual \$600 Per Family		\$5,000 Per Family		No Deductible	No Deductible
Hospital Services						
• Inpatient	10%	20%	10%	20%	\$100 Per Admission	\$100 Per Admission
• Outpatient	10%	20%	10%	20%	\$15 Per Visit	\$15 Per Visit
• No Precertification Review	40%	40%	40%	40%	N/A	N/A
Physician Care						
• Office Visits	10%	20%	10%	20%	\$15 Per Visit	\$15 Per Visit
• Second Opinion	10%	20%	10%	20%	\$15 Per Visit	\$15 Per Visit
• w/o Second Opinion	40%	40%	40%	40%	N/A	N/A
• Well Baby Care	No Charge	Not Covered	No Charge	Not Covered	No Charge	No Charge to 23 months
• Diagnostic X-rays/Lab	10%	20%	10%	20%	No Charge	No Charge
• Immunizations	No Charge (Limited)	Not Covered	No Charge (Limited)	Not Covered	No Charge	No Charge
Routine Exams – Adults						
• Annual Physical	No charge up to a maximum annual benefit amount of \$250 In-network only (Except \$250 annual limit does not apply to specific procedures under "Wellness Benefit" in plan document).	Limited to specific procedures under the "Wellness Benefit." See Plan Document.	No charge up to a maximum annual benefit amount of \$250 In-network only (Except \$250 annual limit does not apply to specific procedures under "Wellness Benefit" in plan document).	Limited to specific procedures under the "Wellness Benefit." See Plan Document.	\$15 Charge	\$15 Charge
• Prostate Screening					\$15 Charge	\$15 Charge
• Well Women Exams					\$15 Charge	\$15 Charge
					Note: Well women exams are for breast and pelvic only; not a complete physical. May self-refer within designated plan medical group	
Prescription Drugs	20%	20%	20%	20%	\$10 Generic Prescription \$15 Brand Prescription 30-Day Supply	\$10 Generic Prescription \$15 Brand Prescription Up to 100-Day Supply Dental Prescriptions Included
	Drug Card Program					
Maternity Care	10%	20%	10%	20%	\$100 Per Admission	\$100 Per Admission
Emergency Services	10%	20%	10%	20%	\$50 Per Visit Waived if admitted	\$50 Per Visit Waived if admitted
Ambulance	20%	20%	20%	20%	No Charge	No Charge

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	You or Your Dependent(s) Pay:		You or Your Dependent(s) Pay:		You or Your Dependent(s) Pay:	You or Your Dependent(s) Pay:
	PPO Provider	Non-PPO Provider	PPO Provider	Non-PPO Provider	HMO Provider	HMO Provider
Family Planning						
• Contraceptives	Not Covered	Not Covered	Not Covered	Not Covered	\$10 Generic Prescription \$15 Brand Prescription	\$10 Generic Prescription \$15 Brand Prescription
• Vasectomy	10%	20%	10%	20%	\$15 Charge	\$15 Charge
• Tubal Ligation	10%	20%	10%	20%	\$15 Charge	\$15 Charge
• Infertility Services	Not Covered	Not Covered	Not Covered	Not Covered	Limited, \$15 Per Visit	Limited, \$15 Per Visit
Mental Health						
• Inpatient	10%	20%	10%	20%	\$100 Per Admission, Up to 30 Days	\$100 Per Admission, Up to 45 Days
• Outpatient	50%	50%	50%	50%	\$20 Per Visit	\$15 Per Visit
• Maximum Yearly Outpatient	Up to \$50 Per Visit 50 Visits		Up to \$50 Per Visit 50 Visits		N/A	20 visits per year
• Lifetime Maximum	\$30,000 Maximum benefit combined with Alcohol and Substance Abuse below.				N/A	N/A
	Note: The Lifetime and visit maximums do not apply to certain conditions that are covered same as any other illness in accordance with the California Mental Health Parity Act.				Note: Lifetime, visit and day maximums do not apply to certain conditions that are covered same as any other illness in accordance with the California Mental Health Parity Act.	Note: Lifetime, visit and day maximums do not apply to certain conditions that are covered same as any other illness in accordance with the California Mental Health Parity Act.
Alcohol and Drug Abuse						
• Inpatient	10%	20%	10%	20%	\$100 Per Admission	\$100 Per Admission, Detox Only
• Outpatient	50%	50%	50%	50%	\$15 Per Visit	\$15 Per Visit
• Maximum Yearly Outpatient	Up to \$50 Per Visit 50 Visits		Up to \$50 Per Visit 50 Visits		Detox Only	Unlimited
• Lifetime Maximum	\$30,000 Maximum benefit combined with Mental Health above.					N/A
Home Health Care	10%	20%	10%	20%	No Charge	No Charge
Skilled Nursing Facility	Limited (Limited to 60 Days)		Limited (Limited to 60 Days)		No Charge (Up to 60 Days)	No Charge
Eye Refractions	Not Covered		Not Covered		\$5 Charge Glasses \$10	\$15 Charge
Chiropractic	10%	20%	10%	20%	\$15 Per Visit	\$15 Per Visit
• Frequency Limitations	50 Visits Per Year		50 Visits Per Year		30 Visits Per Year	30 Visits Per Year
• Yearly Maximum	\$1,000 Maximum		\$1,000 Maximum			
Durable Medical Equipment	Covered		Covered		Covered at 100% when prescribed by your Primary Care Physician	Not Covered
	Contact health plans for further details					

***PPO Plans:** Designed to provide freedom to select physicians, specialists, hospitals and other service providers of your personal choice. The PPO plans pay 100% of eligible health care expenses that are in excess of \$10,000 per individual per calendar year.

PPO Provider: County PPO Plans use PacifiCare Signature OptionsSM (PPO) as its Preferred Provider Organization Network. The network consists of individual physicians, laboratories and hospitals. As part of this network these "preferred providers" have agreed to provide services at rates which are lower than their regular charges. This helps reduce the cost of health care for you, your dependent(s) and the County. You or your dependent(s) pay a lower copayment percentage for PPO network providers. Using a PPO network provider is voluntary. You or your dependent(s) decide whether to use a PPO network provider for health care.

Non-PPO Provider: When you or your dependent choose a health care provider who does not participate in the PacifiCare Signature OptionsSM (PPO) Provider Network, you or your dependent pays a higher copayment percentage for non-PPO network providers.

****HMO Plans:** Designed to provide quality comprehensive medical services, routine and preventive care while controlling costs by using either its own doctors or health care centers or by providing services through contractual arrangements with community health care providers.